PATENT APPLICATION FEE DETERMINATION RECORD Effective November 10, 1998 **CLAIMS AS FILED - PART I** SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE [ OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE FFF RATE FEE **BASIC FEE** 380.00 760.00 OR **TOTAL CLAIMS** minus 20= X\$ 9= 288 X\$18= INDEPENDENT CLAIMS minus 3 : O X39= X78= OR MULTIPLE DEPENDENT CLAIM PRESENT +130= +260= OR \* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL AIMS AS AMENDED - PART (I OTHER THAN (Column 1) (Column 2) SMALL ENTITY SMALL ENTITY OR (Column 3) CLAIMS HIGHEST REMAINING ADDI-NUMBER ADDI-PRESENT AMENDMENT AFTER PREVIOUSLY RATE TIONAL RATE EXTRA TIONAL AMENDMENT PAID FOR FEE FEE Total Minus 36 XS 9= X\$18= OR Independent Minus X39= 200 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X78= OR +130= +260± GR TOTAL OR ADDIT. FEE 200 ADDIT, FEE (Column 1) (Column 2) (Column 3) HIGHER REMAINING ADDI-NUMBER ADDI-PRESENT AMENDMENT **AFTER** TIONAL PREVIOUSLY EXTRA RATE RATE TIONAL AMENDMENT PAID FOR FEE FEE Total Miraus X\$ 9= X\$18= OR Independent 3 = X39= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X78= **OR** \$\$ 1600 +130= +260= TOTAL TOTAL **OR** ADDIT. FEE ADDIT FEE (Column 1) (Column.2) (Calumn 3) CLAUVE IC ISS REMAINING NUMBER PRESENT ADDI-ADDI-AFTER PREVIOUSLY TIONAL EXTRA RATE RATE TIONAL MENDMENT PAID FOR FEE FEE Total Mhue XS 9= X\$18= OR Independent Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X39-X78= OR +130= +260= OR If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL TOTAL the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT, FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. FORM PTO-878 Flow 11/00) "U.S. Government Printing Office: 1888 — 459-072719142 Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Application or Docket Number

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